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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden 16.00 hours per response:

SEC USE ONLY						
Prefix		Serial				
	DATE	RECEIVED				
	1	1				

Name of Offering (check if this is an amendment and name has changed, and indicate changes)
Salmon River Capital II, L.P.: Limited Partnership Interests
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) 5 ULOE Type of Filing: New Filing Amendment
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA TO
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Salmon River Capital II, L.P.: Limited Partnership Interests
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)
c/o Salmon River Capital LLC, 680 Fifth Avenue, 8th Floor, New York, New York 10019 (212) 230-9270
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business
To operate as a private investment fund in order to generate superior returns from venture capital/private equity investments.
Type of Business Organization
□ corporation □
□ business trust □ limited partnership, to be formed Exempted Limited Partnership
Month Year
Actual or Estimated Date of Incorporation or Organization: 0 8 0 5 Actual Estimated Figure 20 1
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for
State: CN for Canada; FN for other foreign jurisdiction) D E
GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
* Each promoter of the issuer, if the issuer has been organized within the past five years;								
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
* Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Salmon River Capital GP, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code) 680 Fifth Avenue, 8th Floor, New York, New York 10019								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or *Issuer's Manager Managing Partner*								
Full Name (Last name first, if individual) Salmon River Capital Mangagement, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code)								
680 Fifth Avenue, 8th Floor, New York, New York 10019								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or								
Managing Member of the Issuer's' General Partner and Manager Managing Partner								
Full Name (Last name first, if individual)								
Lewis, S. Joshua Business or Residence Address (Number and Street, City, State, Zip Code)								
680 Fifth Avenue, 8th Floor, New York, New York 10019								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								

				B. IN	FORMAT	ION ABO	OUT OFFI	ERING					
1 114b	. :	J J 4h		4	4	_ 1/4_ 1 /		- 6Ci ~ 0			Yes	No	
1. Has the	e issuer son	i, or does in			to non-accre in Appendi			_				Ø	
					• •			inder oloi	∴.				
2. What i	s the minim	ıum investm	ent that wil	l be accepte	ed from any	individual	,				\$ 1,000,000*		
					mmitments unit?						Yes ☑	No	
commi If a per or state	ssion or sir rson to be l es, list the r	nilar remun isted is an a lame of the	eration for s ssociated pe broker or de	solicitation erson or age ealer. If me	tho has bee of purchase int of a brok ore than five for that bro	rs in connector or dealer or dealer (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state			
Full Name None	(Last name	first, if ind	ividual)	_									
Business o	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						_	
Name of A	Associated E	Broker or De	ealer		·								
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)										
Business o	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated E	Broker or De	ealer	·									
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
run Name	(Last Haire	: mst, mmc	ividuai)										
Business o	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated I	Broker or Do	ealer										
			s Solicited lividual Stat		o Solicit Pu	rchasers				,		All States	
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	Amount A	
	Debt	\$	0	\$ 0	
	Equity	_	0	0	
	☐ Common ☐ Preferred		0	0	
	Convertible Securities (including warrants)	\$	0_	\$ 0	
	Partnership Interests			20,000	0,000
	Other (Specify	\$	0	0	
	Total			20,000	0,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		t i		
			Number Investors	Aggreg Dollar Ar of Purch	mount
	Accredited Investors	_	22	\$ 20,000	0,000
	Non-accredited Investors	_	0	\$ 0	
	Total (for filings under Rule 504 only)	_	N/A	\$ N/.	A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of	Dollar Ai	mount
	Type of offering		Security	Solo	
	Rule 505	_	N/A	\$ N/.	<u> </u>
	Regulation A	_	N/A	\$ N/.	<u>A</u>
	Rule 504	_	N/A	\$ N/.	Α
	Total	_	N/A	\$ N/.	<u>A</u>
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		Ø	\$ 0	
	Printing and Engraving Costs		Ø	\$ 0	
	Legal Fees		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}$	\$ 150,0	000
	Accounting Fees		ゼ	\$ 50,0	00
	Engineering Fees		図	\$ 0	
	Sales Commissions (specify finders' fees separately)		☑	\$ 0	
	Other Expenses (identify)		团	\$ 0	
	Total*			\$ 200,0	000

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EX	PENS	ES A	ND USE OF P	ROCE	EDS	
	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	ate offering price given in response to response to Part C - Question 4.	Part a. Th	C is		\$_		19,800,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	_ 🗆	\$_	0
	Purchase of real estate			\$_	0	_ 🗆	\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0	_ 🗆	\$_	0
	Construction or leasing of plant buildings as	nd facilities		\$_	0		\$_	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0	0	\$	0
*.	Repayment of indebtedness			s –	0	-	s -	0
	Working capital			s -	0	-	s	0
	Other (specify): Investment Capital			_	0	- Ø	_	19,800,000
	Column Totals		\$ <u>_</u>		_ 🗹	\$_	19,800,000	
	Total Payments Listed (column totals added))
		D. FEDERAL SIGNATU	RE					
fol	c issuer has duly caused this notice to be lowing signature constitutes an undertaking its staff, the information furnished by the iss	by the issuer to furnish to the U.S. S	Securit	ies an	d Exchange Com	mission,	upon	
	er (Print or Type) non River Capital II, L.P.	Signature	a		Date October 200,	2005		- Inc.
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)			<u> </u>			***
S. Jo	shua Lewis	Managing Member of Issuer's Ger	eral P	artne	r			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).